

Attorney's Docket No. 8705.04

COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR PRESCRIBING AND MANUFACTURING ORTHOTIC FOOT DEVICES

the specification of which is attached hereto unless the following box is checked:

☒ was filed on September 13, 2000 as United States Application Serial Number or PCT International Application Number PCT/AU/01107 and was amended on 2 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificates, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

<u>PO 2844</u>	<u>Australia</u>	<u>September 14, 1999</u>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

<u> </u>	<u> </u>
(Application Number)	(Filing Date)
<u> </u>	<u> </u>
(Application Number)	(Filing Date)

Not Available Copy